

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005640

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 042

Primary Registration District No. 1000

Registrar's No. 260

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. JosephLength of stay in 1b
45 Yearsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION State Hospital # 2Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Buchanan

c. CITY
OR
TOWN St. JosephInside Limits
Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

125 South 21st

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
HERMANMiddle
D.Last
OTTO4. DATE
OF
DEATHMonth
FebruaryDay
23,Year
19625. SEX
Male6. COLOR OR RACE
White7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
10-22-19789. AGE (last birthday)
93IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Ret. (15) Cook10b. KIND OF BUSINESS OR INDUSTRY
Restaurant11. BIRTHPLACE (City and state or country)
Texas12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Daniel Otto

13b. MOTHER'S MAIDEN NAME

Mina Prinz

14. NAME OF HUSBAND OR WIFE

Alice Ring

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Hospital Records St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic Heart Disease

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Generalized Arteriosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Feb. 15 1961 to Feb. 23, 1962 and last saw her alive on Feb. 23, 1962

Death occurred at 3:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

B.S. Waraich m.p.

22b. ADDRESS

State Hospital No. 2

22c. DATE SIGNED

2-28-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Burial

23b. DATE

Mar. 2, 1962

23c. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cemetery

23d. LOCATION (City, town, or county)

St. Joseph, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

H.O. Sidenfeller & Son

St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.

Mar. 1, 1962

26. REGISTRAR'S SIGNATURE

Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3308

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.